

PTO/SB/01 (09-04)

Approved for use through 07/31/2008. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	P05841US00
	First Named Inventor	UNGEMACH, Robert et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
<input type="checkbox"/> Declaration Submitted With Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required	Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMRT REINFORCED THERMOPLASTIC PATIENT RESTRAINTS**

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

02/03/2005

as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US02/31816	WIPO	10/04/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION – Utility or Design Patent Application**

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Name				
Address				
City	State	ZIP		
Country	Telephone	Fax		
	<b>515-288-3667</b>	<b>515-288-1338</b>		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name Or Surname		
<b>ROBERT</b>		<b>UNGEMACH</b>		
Inventor's Signature 			Date	
			<b>02/03/2005</b>	
Residence: City	State	Country	Citizenship	
<b>Elm Grove</b>	<b>WI</b>	<b>US</b>	<b>US</b>	
Mailing Address				
<b>700 Verdian DRIVE</b>				
City	State	ZIP	Country	
<b>Elm Grove</b>	<b>WI</b>	<b>53122</b>	<b>US</b>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name Or Surname		
<b>JEFFREY S.</b>		<b>NIBBELINK</b>		
Inventor's Signature			Date	
			<b>02/03/2005</b>	
Residence: City	State	Country	Citizenship	
<b>Sloux Center</b>	<b>IA</b>	<b>US</b>	<b>US</b>	
Mailing Address				
<b>1448 3<sup>rd</sup> Avenue S.E.</b>				
City	State	ZIP	Country	
<b>Sloux Center</b>	<b>IA</b>	<b>51250</b>	<b>US</b>	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

[Page 2 of 2]

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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	February 2, 2005
First Named Inventor	UNGEMACH, Robert et al.
Title	IMRT REINFORCED THERMOPLASTIC PAT
Art Unit	
Examiner Name	
Attorney Docket Number	P05841US00

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

22885

OR

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☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

22885

OR

☐ Firm or Individual Name

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City

State

Zip

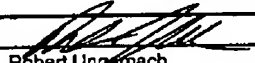
Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	2-03-2005
Name	Robert Ungemach	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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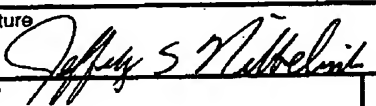
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	<b>515-288-3667</b>	<b>515-288-1338</b>		
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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<b>ROBERT</b>		<b>UNGEMACH</b>		
Inventor's Signature		Date		
		<b>02/03/2005</b>		
Residence: City	State	Country	Citizenship	
<b>Elm Grove</b>	<b>WI</b>	<b>US</b>	<b>US</b>	
Mailing Address				
<b>700 Verdian Drive</b>				
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<b>Elm Grove</b>	<b>WI</b>	<b>53122</b>	<b>US</b>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name Or Surname		
<b>JEFFREY S.</b>		<b>NIBBELINK</b>		
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Title	IMRT REINFORCED THERMOPLASTIC PAT
Art Unit	
Examiner Name	
Attorney Docket Number	P05841US00

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☐ The address associated with Customer Number:

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☐ Firm or  
Individual Name

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City

State

Zip

Country

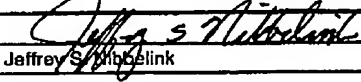
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2/17/05
Name	Jeffrey S. Michelink	Telephone	712-722-0447
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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